

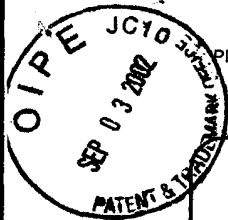
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PTO/SB/21 (6-98)

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/991,501	
	Filing Date	November 16, 2001	
	First Named Inventor	TORNQUIST, et al.	
	Group Art Unit	2834	
	Examiner Name	Heba Elkassabgi	
Total Number of Pages in This Submission	5	Attorney Docket Number	H0002284

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Terminal Disclaimer	
	<input type="checkbox"/> Small Entity Statement	
	<input type="checkbox"/> Request for Refund	
Remarks <b>Enclosed are:</b> - Fee Transmittal - Restriction Requirement Response - Petition for Extension of Time (1 month) and copy - Postcard		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	Keith A. Newbury, Esq., Reg. No. 38,980
Signature	
Date	8-26-02

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 8-26-02		
Typed or printed name	Keith A. Newbury	
Signature		Date 8-26-02

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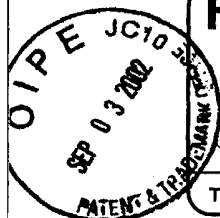
PTO/SB/17 (11-00)

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) **\$110.00**

Complete if Known	
Application Number	09/991,501
Filing Date	November 16, 2001
First Named Inventor	TORNQUIST, et al.
Examiner Name	Heba Elkassabgi
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METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																																
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: <b>01-1125</b></p> <p>Deposit Account Name: <b>Honeywell (a/k/a Allied Signal)</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>		<p>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print Type)	Keith A. Newbury, Esq.	Registration No. (Attorney/Agent)	38,980
Signature	<i>[Signature]</i>	Telephone	602-365-4877
		Date	8-26-02